



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)

Docket No. (Optional)
HMSU-P11-006

In re Application of	Ingham et al
Application Number	Filed
08/954771	October 20, 1997
For:	VERTEBRATE EMBRYONIC PATTERN-INDUCING PROTEINS AND USES RELATED THERETO
Group Art Unit	1646
Examiner	M. Brannock

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows
(check time period desired):

- | | |
|---|-----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ 110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ _____ |

Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

A check in the amount of the fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Commissioner has already been authorized to charge fees in this application to a Deposit Account.

The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 18-1945

I have enclosed a duplicate copy of this sheet.

I am the applicant/inventor.

assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

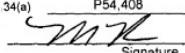
attorney or agent of record.

attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) P54,408

June 25, 2003

Date

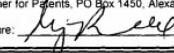

Signature

Melissa S. Rones
Typed or Printed Name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

<input type="checkbox"/>	1	forms are submitted.
--------------------------	---	----------------------

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 6/25/03 Signature:  (Ginny Blundell)



Approved for use through 04/01/2003. OMB 0651-0032

FEET TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 110.00

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order Other None
 Deposit Account

Deposit Account Number 18-1945

Deposit Account Name Ropes & Gray LLP

The Commissioner is hereby authorized to: (check all that apply)

- Charge fee(s) indicated below Credit any overpayments
 Change any additional fee(s) during the pendency of this application
 Change fee(s) indicated below, except for the filing fee

to the above-identified deposit account.

FEES CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 265	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 160	2005 80	Provisional filing fee	
SUBTOTAL (1)	\$0.00		

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	>20* =	Extra Claims from below	=	Fee Paid
Independent	20*			
Claims	3** =	X	=	
Multiple Dependent				

Large Entity	Small Entity	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)	\$0.00		

*or number previously paid, if greater. For Reissues, see above

SUBMITTED BY

Name (Print/Type)	Melissa S. Rones	Registration No. / Attorney/Agent	P54,408	Telephone	(617) 951-7653
Signature				Date	June 25, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 6/25/03 Signature: (Ginny Blundell)

9195541_1

Complaint Known

Application Number 08/954771

Filing Date October 20, 1997

First Named Inventor Philip W. Ingham

Examiner Name M. Brannock

Group Art Unit 1646

Attorney Docket No. HMSU-P11-006

TECH CENTER 1600/2001
JUL 0 2 2003
RECEIVED

1646/
J.P.
RECEIVED